

**RESERVOIR HIGH SCHOOL MUSIC DEPARTMENT  
EMERGENCY PROCEDURE/HEALTH INFORMATION**

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Birth Date: 







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Address: \_\_\_\_\_ Home Phone: (        ) - \_\_\_\_\_

City: \_\_\_\_\_, MD Zip: \_\_\_\_\_ Cell Phone: (        ) - \_\_\_\_\_

e-Mail: \_\_\_\_\_ Expected Year of Graduation:

**MOTHER/GUARDIAN**

Use info above: ☐

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, MD Zip: \_\_\_\_\_

Home Phone: (        ) - \_\_\_\_\_

Cell Phone: (        ) - \_\_\_\_\_

e-Mail: \_\_\_\_\_

**FATHER/GUARDIAN**

Use info above: ☐

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, MD Zip: \_\_\_\_\_

Home Phone: (        ) - \_\_\_\_\_

Cell Phone: (        ) - \_\_\_\_\_

e-Mail: \_\_\_\_\_

**IN EVENT OF MEDICAL URGENCY, PARENTS WILL BE NOTIFIED FIRST. EMERGENCIES WILL BE TAKEN TO THE CLOSEST HOSPITAL. PARENTS WILL BE CONTACTED AS SOON AS POSSIBLE. PLEASE PROVIDE AN ADDITIONAL CONTACT**

Relative/Other Party: \_\_\_\_\_ Contact Phone: (        ) - \_\_\_\_\_

**HEALTH INFORMATION** (You may discuss the contents of this form with the Trip Nurse.)

**HEALTH CONDITIONS/RECENT OPERATIONS, if any**

**HANDICAPPING CONDITIONS/LIMITATIONS, if any**

**ALLERGIES?** Y / N (If yes, please describe symptoms/reaction)

**MEDICATIONS (Prescription OR OTC)?** Y / N  
If prescription or over-the-counter medications are to be taken, a WRITTEN ORDER from your physician is required on the MEDICATION FORM. This is a separate form.

**DIETARY RESTRICTIONS?** Y / N (please describe)

**OTHER COMMENTS / INFORMATION**

**PHYSICIAN CONTACT INFO**

Name: \_\_\_\_\_ Office Phone: (        ) - \_\_\_\_\_

**PERMISSION IS GRANTED FOR TREATMENT OF THE ABOVE-NAMED STUDENT BY A PHYSICIAN AND/OR HOSPITAL FOR ANY MEDICAL EMERGENCY. EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIAN AS SOON AS POSSIBLE.**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Origin Date: 







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Review Date: 







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Review Date: 







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Review Date: 







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**THE INFORMATION PROVIDED WILL BE HELD IN CONFIDENCE BUT MAY BE SHARED WITH STAFF TO MAINTAIN STUDENT SAFETY**

**AFFIX COPY OF INSURANCE CARD - FRONT**

**AFFIX COPY OF INSURANCE CARD - BACK**